

# SAMPLING AND ANALYSIS WORKSHEET

Worksheet Number \_\_\_\_

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## Section I. Process Knowledge Information: (To be completed by generator)

General Information: Attach additional sheets if necessary.

1. Waste generation location (Bldg./Room or Area) \_\_\_\_\_  
Current location of waste if different from above \_\_\_\_\_
2. Description of waste (Example: soil, gravel, filters, solidified waste oil):  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe process/activity that generated the waste (Examples: test drilling, core sampling):  
\_\_\_\_\_
- ☐ This waste is from the treatment facility, the process conducted for the final waste form is  
☐ Solidification, ☐ Encapsulation, ☐ Other (explain) \_\_\_\_\_  
☐ List of original disposal requisitions attached.
4. Procedures used when generating the waste: \_\_\_\_\_
5. List and attach any additional supporting information (e.g. existing analytical data, investigative reports):  
\_\_\_\_\_
6. Program/organization that generated the waste: \_\_\_\_\_
7. Quantity of waste: Weight \_\_\_\_\_ No. of Drums \_\_\_\_\_ No. of Boxes \_\_\_\_\_
8. Container type (if already packaged): ☐ 55 gallon drum, ☐ 30 gallon drum, ☐ 4x4x7 box, ☐ 2x4x7 box  
☐ Other \_\_\_\_\_

## Waste Evaluation:

9. Does the waste contain any of the following:

Verified by: VI=Visual Inspection; PK=Process Knowledge

- |   |                              |                             |                                  |                             |                             |
|---|------------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|
| a. Grease/oil   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| b. Hazardous residues   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| If yes, what are the residues _____   |                              |                             |                                  |                             |                             |
| c. Entrapped liquids  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| If yes, is it less than 0.5% by volume of the waste? <input type="checkbox"/> Yes <input type="checkbox"/> No               |                              |                             |                                  |                             |                             |
| What is the liquid? _____   |                              |                             |                                  |                             |                             |
| d. Particulates [> 1% by weight of < 10-micrometer diameter (flour) or > 15% by weight of < 200-micrometer diameter (sand)] | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| e. Compressed gases   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| f. Etiologic agents   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| g. Chelating agents   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| If yes, is the concentration less than 1% by weight? <input type="checkbox"/> Yes <input type="checkbox"/> No               |                              |                             |                                  |                             |                             |
| h. PCBs (capacitors, etc.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| i. Explosives   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| j. Pyrophorics  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| k. Asbestos   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> VI | <input type="checkbox"/> PK |
| If yes, is it <input type="checkbox"/> friable <input type="checkbox"/> non-friable. If friable, please segregate.          |                              |                             |                                  |                             |                             |

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## Section I. continued

### Radiological Characterization

10. Radionuclides present in the waste and the estimated activity for each nuclide: ☐ Unknown

Radionuclide	Activity (Ci)	Radionuclide	Activity (Ci)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ See attached sheet ☐ The above and ☐ attached nuclides are the suspect nuclides, activity unknown.

11. Determination of radionuclides: ☐ Unknown

☐ Process Knowledge: Explain: (Example: Inventory Controls) \_\_\_\_\_  
\_\_\_\_\_

12. Determination of Activity: ☐ Unknown

<input type="checkbox"/> Gamma Spectroscopy	<input type="checkbox"/> Alpha Spectrometry
<input type="checkbox"/> Mass Balance	<input type="checkbox"/> Mass-to-Curie Conversion
<input type="checkbox"/> High Sensitivity Neutron Instrument	<input type="checkbox"/> Tritium Off-Gas Measurement
<input type="checkbox"/> AVLIS Method	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Liquid Scintillation	_____

List procedure(s) followed: \_\_\_\_\_

☐ DPM or CPM to Curie Survey: Instrument \_\_\_\_\_ Probe \_\_\_\_\_  
Attach memo describing methodology used.

I certify that the waste characterization information provided on this form is complete and accurate. I have obtained this information by:

☐ Direct knowledge of the waste generating process  
☐ Obtaining sufficient information from others who are knowledgeable of the waste generating process

Generator (please print) \_\_\_\_\_ Extension \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Section II. Sampling (To be completed by QA/QC Technical Lead or designee)

1. Person/organization responsible for sampling: \_\_\_\_\_

Responsible person has been trained. ☐ Yes ☐ No

2. Analytical Methods

Check all methods that the waste must be analyzed by:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Volatiles 8260 (TCLP ZHE 1311) | <input type="checkbox"/> Gross alpha beta   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Semivolatiles 8270             | <input type="checkbox"/> Alpha Spectrometry | <input type="checkbox"/> _____        |
| <input type="checkbox"/> STLC Metals (including Hg)     | <input type="checkbox"/> Gamma Spectroscopy | <input type="checkbox"/> _____        |
| <input type="checkbox"/> PCBs 8080                      | <input type="checkbox"/> Tritium            | <input type="checkbox"/> _____        |

Name and address of Laboratory to be used: \_\_\_\_\_

Completed by: Print

Signature

Date

## Section III. Sampling Frequency and Selection (To be completed by QA/QC Technical Lead or designee)

Completed by: Print

Signature

Date

## Section IV. Sampling Strategy (To be completed by QA/QC Technical Lead or designee)

Completed by: Print

Signature

Date

## Section V. Sampling Methodology (To be completed by QA/QC Technical Lead or designee)

Completed by: Print

Signature

Date

## Section VI. Radiological Characterization Review (To be completed by Health Physicist)

Analytical methods acceptable: ☐ Yes ☐ No

Comments:

Completed by: Print

Signature

Date